

**TESTIMONY TO THE CONNECTICUT STATE LEGISLATURE
COMMITTEE ON PUBLIC HEALTH
REGARDING RAISED BILL NO. 6265
AN ACT CONCERNING SPEECH AND LANGUAGE PATHOLOGY
FEBRUARY 6, 2009**

Good Day Senator Harris, Representative Ritter and Committee Members:

I am here to testify against Raised Bill No. 6265. I come before you as a speech and language pathologist since 1966 who has practiced in academia, hospitals, nursing homes, schools, private practice, birth-to-three and early childhood programs and as the State Department of Education's Consultant for School Speech and Language Services for twenty years prior to my retirement from state service two years ago.

The proposed substitution of "evaluation" for "diagnosis" in Section 20-408, Section 1(1) of Chapter 399 of the Connecticut general statutes, defining the practice of speech and language pathology, would inappropriately restrict the professional practice of speech and language pathologists, regardless of the setting in which they practice. This language change contravenes not only established meanings of the words "diagnose" and "evaluate", but also long-established state and national scopes of practice, the language of The Individuals with Disabilities Education Act (IDEA) and insurance reimbursement procedures, including Medicaid reimbursement to schools for special education and related services.

Webster's New Universal Unabridged Dictionary (1992) provides the following definitions of the word "diagnose":

1. "to determine the identity of (a disease, illness, etc.) by a medical examination: *The doctor diagnosed her illness as diabetes mellitus.*
2. to ascertain the cause or nature of (a disorder, malfunction, etc.) from the symptoms: *The mechanic diagnosed the trouble that caused the engine knock.*
3. to classify or determine on the basis of scientific examination.
4. to ascertain or analyze the cause or nature of (a problem or situation), esp. when such presents an obvious answer: *He diagnosed the increase in crime as due to too few foot patrolmen.*"

These definitions make clear that medical diagnosis is only one aspect of the term "diagnose".

It is important to differentiate the meaning of "diagnose" and "evaluate" before adopting the proposed terminology changes. Webster's dictionary defines the word "evaluate" as "appraise". This term has a narrower meaning than the word "diagnose". After assessments are conducted, the speech and language pathologist evaluates the assessment results by considering them in light of case history and other relevant information, in order to determine the presence (or absence) of a speech-language disorder, and if there is one, to determine its nature and causes (i.e., to diagnose a speech-language disorder).

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Thus, the proposed elimination of “diagnosis/diagnosing” is not supported semantically. If anything, adding “evaluation/evaluating” to the current “diagnosis/diagnosing” would be more appropriate than the proposed terminology.

The term “diagnosis” currently in Section 20-408, Section 1(1) is consistent with Section 300.34 (15) of the IDEA regulations that includes “diagnosis and appraisal of specific speech or language impairments” in the definition of speech-language pathology services. Retention of this terminology would ensure continued state alignment with this very important federal law that provides significant funds to the State and school districts.

With respect to insurance reimbursement, even when a medical diagnosis is primary, a claim for speech and language services also requires coding of a speech-language diagnosis. Connecticut’s program for Medicaid reimbursement to schools for special education and related services includes speech pathology services in the covered services. RCSA Section 262-218(k) and uses the language of IDEA by defining these services as including “diagnosis and appraisal of specific speech or language impairments.” Disallowing diagnosis of a speech-language disorder or disability could have the impact of unnecessarily delaying the reimbursement of significant monies, creating additional financial burdens in these difficult economic times.

Retaining the terms “diagnosis/diagnosing” does not diminish the role of physicians in the work of speech and language pathologists. Collaboration between these professions has a long and important history. Speech and language pathologists are required under their professional scope of practice and code of ethics, as well as IDEA, to refer (or recommend a referral through a school team) a client to a physician when medical information/diagnosis is required to illuminate the presenting speech-language problems. Speech and language pathologists are trained to understand the importance of appropriate medical referrals. Two State Department of Education publications, *Guidelines for Speech and Language Programs: Determining Eligibility for Special Education Speech and Language Services Under IDEA* (2008) and *Guidelines for Feeding and Swallowing Programs in Schools* (2008) stress this relationship and, indeed, require various types of physician input/sign-off, in certain sections. However, while a physician’s input or diagnosis is frequently required for diagnosing a speech-language disorder, it is not always so. Some speech-language disorders have a medical etiology, some have a functional etiology and others have a mixed etiology. To illustrate: Procedures in the eligibility guidelines referred to previously include a medical examination by an otolaryngologist (OTL/ear, nose and throat physician/ENT) when a child is being

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considered for IDEA eligibility for a voice disability. Conversely, medical diagnosis of vocal nodules in a child does not, a priori, mean that the child will be eligible for speech and language services under IDEA. That eligibility requires a determination by a Planning and Placement Team that the voice problems resulting from the nodules adversely affect educational performance.

In conclusion, the proposed definition changes in Raised Bill No. 6265 are neither necessary nor useful because they:

- ✓ are not supported by the accepted definitions of the word “diagnosis”;
- ✓ would remove the statute’s current alignment with the language of IDEA and state Medicaid regulations;
- ✓ could interfere with procedures for processing insurance claims, thereby jeopardizing timely reimbursements including those to school districts for special education and related services costs under the State’s Medicaid program; and
- ✓ would diminish the well-established practice of speech and language pathologists.

Furthermore, the proposed language represents a slippery slope to be heading down. Will the next steps be to say that learning disability specialists can’t diagnose learning disabilities or that psychologists can’t diagnose social or emotional disorders or that your mechanic can’t diagnose the engine knock that is causing your car trouble?

Thank you for allowing me this opportunity to register my opposition to Raised Bill 6265.

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